IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Eggers Cranfill DATE 5-25-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1704 Davie Ave.

S. R. No. _____

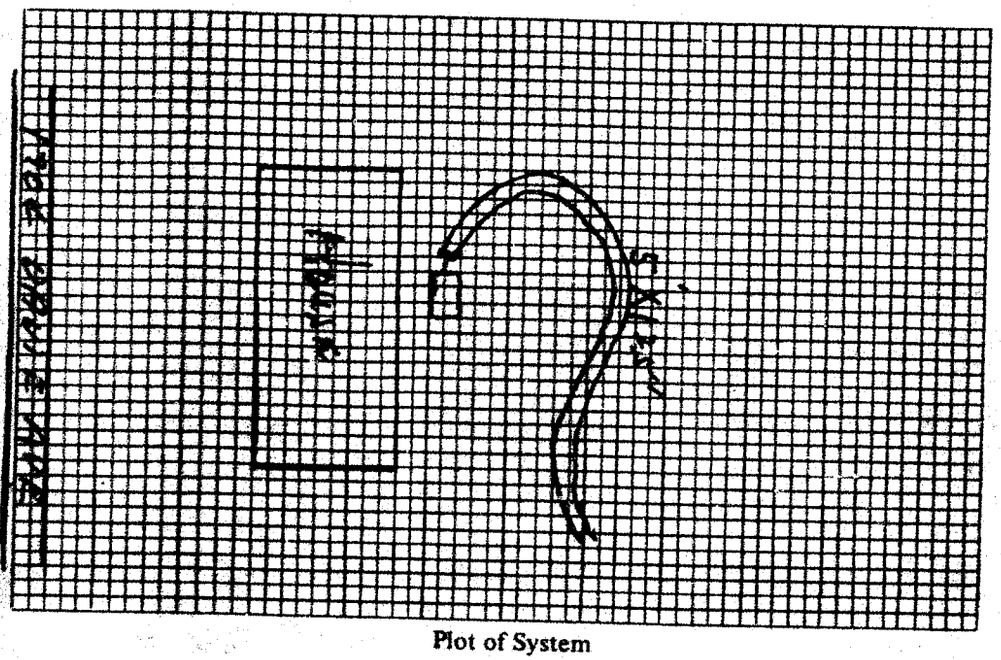
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	New	Yes ( )	No ( )	Character & Porosity of Soil C
Auto. Dishwasher		Yes ( )	No ( )	Percolation Rate Repair
Auto. Wash. Machine		Yes ( )	No ( )	Topography
Site Suitable		Yes ( )	No ( )	Depth to Water Table
				Rock or other impervious formations

Lot Area _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn T. L. DATE 5/25/76

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold